



Anaphylaxis Risk Management Checklist for Offsite Activities

St James the Apostle Primary School



This checklist helps schools prepare for safer offsite activities involving students who are diagnosed as being at risk of anaphylaxis. It should be completed before any such student attends an offsite activity. The checklist is intended as a guide and does not replace any additional safety plans that may be required for specific activities. Not all steps will apply to every offsite activity.

Schools may wish to use the template at Appendix A to support the management of identified students at risk of anaphylaxis whilst offsite.

If schools need assistance with completing checklist or meeting their obligations under [Ministerial Order 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises](#), they can contact the Royal Children's Hospital Anaphylaxis Advice Line. The advisory line operates between the hours of 8.30am to 5.00pm, Monday to Friday. Telephone: 1300 725 911 or 03 9345 4235 or email: anaphylaxisadvice@rch.org.au

Offsite activity details		
School name:	St James the Apostle Primary School	
Primary/Secondary:	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Secondary
Location/Address:	330 Derrimut Rd, Hoppers Crossing	
Offsite activity type:	<input type="checkbox"/> Camp <input type="checkbox"/> Excursion <input type="checkbox"/> Other, please specify: Click or tap here to enter text.	
Offsite activity description:	Click or tap here to enter text.	
Date and time of review:	Click or tap here to enter text.	
Completed by:	Name: Click or tap here to enter text.	Position: Click or tap here to enter text.
Review given to:	Name: Click or tap here to enter text.	Position: Click or tap here to enter text.
Comments:	Click or tap here to enter text.	

Before the activity

Task	Check	
Risk assessment		
A specific anaphylaxis risk management plan has been completed to identify potential accidental exposure to allergens for a student with anaphylaxis whilst at the activity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An Emergency Response Plan is in place and confirms:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Mobile phone reception	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Emergency access	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Space for helicopter landing (if needed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Task	Check	
Signed up to EpiClub or Ana-alert (free reminder services)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Identify students		
Students at risk of anaphylaxis and their allergies have been identified (see template at Appendix A)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The plans students have has been determined:		
<ul style="list-style-type: none"> • ASCIA Action Plan for Anaphylaxis (RED) and prescribed adrenaline device 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • ASCIA Action Plan for Allergic Reactions (GREEN) without an adrenaline device 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Share information		
Parents and carers have been informed about the offsite activity at least two weeks before and have:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • reviewed their child's Individual Anaphylaxis Management Plan (IAMP) and provided any updates 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • provided any updates to their child's ASCIA Action Plan and consented to the plan being shared with the activity site 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • provided at least one in-date, prescribed adrenaline device, clearly labelled with their child's name. For school camps, it is recommended that parents and carers provide two in-date prescribed adrenaline devices 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • been given details of the staff member(s) who will be responsible for their child's safety whilst on the activity and the contact details of the activity site 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • been provided opportunity to consider if they need to attend, particularly if their child is primary-aged with additional complex needs 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The activity site staff have been provided with copies of all relevant ASCIA Action Plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work with parents and carers and site catering		
Parents and carers have provided accurate allergy information to the school	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student enrolment form information matches ASCIA Action Plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dietary requirements (allergy or non-allergy) have been documented and planned for	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student allergy management has been discussed with the activity site coordinator several weeks in advance. The site has confirmed that all allergies can be safely catered for, or, where this is not possible, a plan for alternative food arrangements has been developed with parents and carers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Options to reduce or remove food allergens (note: <i>not</i> a food ban) have been reviewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confirmed whether students can bring snacks from home and how safety will be managed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plans, devices and procedures		
For each student with diagnosed at risk of anaphylaxis there is:		
<ul style="list-style-type: none"> • at least one in-date, prescribed adrenaline device 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • an IAMP and ASCIA Action Plan with a recent photo of the student attached 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Task	Check	
<ul style="list-style-type: none"> an ASCIA Travel Plan completed by a medical practitioner, if the offsite activity involves overseas or domestic school travel 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each student's IAMP sets out strategies to minimise the risk of exposure to allergens that cover the specific offsite activity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff		
Each staff member attending the activity, including casual staff and volunteers has attended a twice-yearly staff briefing and been briefed on:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> the school's Anaphylaxis Management Policy 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> the causes, symptoms and treatment of anaphylaxis 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> the identities of students who carry an adrenaline device and where their medication is located 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> how to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> school's first aid and emergency response procedures 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> the locations of the adrenaline devices 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> when the adrenaline auto injector for general use can be administered 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> the school's post incident response 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A staff member has been assigned the responsibility for:		
<ul style="list-style-type: none"> collecting the student's adrenaline device and ASCIA Action Plan, in the case of an emergency 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> checking that the adrenaline devices are stored correctly and securely 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> checking the adrenaline device expiry dates 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For camps only: Training for camp and school staff (if applicable)		
1. Anaphylaxis prevention, recognition and treatment		
<ul style="list-style-type: none"> All camp and school staff complete ASCIA Anaphylaxis e-training (every 2 years) 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Staff complete the 15-minute ASCIA refresher (every 6 months or before camp) 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Staff complete hands-on practice with trainer adrenaline devices 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Safe meal preparation for food allergy		
<ul style="list-style-type: none"> Camp/school catering and supervising staff complete All About Allergens for Camps training (every 2 years) 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

At the activity

Task	Check	
Introductions and responsibilities		
Site coordinator meets students with food allergies and school activity coordinator	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details about allergies and meal collection processes confirmed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff awareness and safety		

Task	Check	
Each student's prescribed adrenaline device is kept with their IAMP and ASCIA Action Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All staff know:		
• which students are at risk of anaphylaxis (food, insect, latex, other)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• the medical status of other students, particularly with respect to epilepsy, diabetes, asthma and heart conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• where adrenaline devices and plans are kept		
Adrenaline devices and ASCIA Action Plans are accessible at all times	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adrenaline devices are stored as per their requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No games or activities involve allergens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The first aid kit contains:		
• at least one in-date, clearly labelled adrenaline autoinjector for general use	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• the emergency response and ASCIA First Aid Plan for Anaphylaxis		
Staff and students know:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• storage location of adrenaline devices and ASCIA Action Plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• who carries the devices during activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non-teaching volunteers do not supervise students at risk unless it is their own child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mealtimes		
Prevent cross-contamination in storage, preparation, cooking and serving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keep all food packaging labels; request ingredient lists for unlabelled foods	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Avoid serving foods with “ <i>may contain</i> ” statements to allergic students	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff are available to read labels and supervise safe meal delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food that comes from home is:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• clearly labelled	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• stored safely to prevent contamination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• assigned to staff to prepare/serve it	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• eaten with clean utensils	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Students wash hands before and after eating	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dining areas are cleaned before use	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff supervise meals and students must report feeling unwell	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Students with allergies given “safer” meal-helping roles (e.g., setting tables)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insect allergy checks		
Mow grass areas before arrival (if possible)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remove insect nests with professional pest control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide insect repellent containing DEET	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enforce a shoes-on policy outdoors (except swimming)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Task	Check	
Avoid known insect areas (bee/wasp nests, ant mounds)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keep drinks covered; check before drinking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If in tick-prone area:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Use tick prevention strategies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Include tick freeze spray in first aid kit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Check for ticks after outdoor activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Students with food allergy awareness

Wash hands before and after eating	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Don't accept food from friends unless approved by a trusted adult	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Always check ingredients or ask an adult to check	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do not eat food if unsure of contents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seek help immediately if feeling unwell or reacting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lie flat or sit with legs stretched forward during anaphylaxis symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Older students:

Keep adrenaline devices nearby	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Follow their ASCIA Action Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Awareness of all students

Know your friend's allergens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Don't share food with them	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wash hands after eating	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Get an adult immediately if your friend looks unwell	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Take allergies seriously	Yes <input type="checkbox"/>	No <input type="checkbox"/>

After the activity

Task	Check	
Review allergy management for all students at risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any reaction or near miss occurred:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Identify what caused it	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Update plans and procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Follow the school's process for post incident support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Review how the reaction was managed for improvements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dispose of any medical documents left at camp confidentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Approval Authority	Director, Education Excellence
Related policy	Anaphylaxis Management Policy for MACS Schools
Document owner	Chief of Student Services
Approval date	25 March 2026

Appendix A

Student name	Student age	Has the student ever had an allergic reaction while at school?	Student plan type	Plan reviewed by parents and carers prior to activity	Student adrenaline device type (if relevant)	Consent received from parents and carers to share plan	Plan shared with camp
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes. If yes, how many times: Click or tap here to enter text. <input type="checkbox"/> No	<input type="checkbox"/> ASCIA Action Plan for Anaphylaxis (RED) and prescribed adrenaline device <input type="checkbox"/> ASCIA Action Plan for Allergic Reactions (GREEN) without an adrenaline device ----- For travelling on an aeroplane only: <input type="checkbox"/> ASCIA Travel plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EpiPen® <input type="checkbox"/> EpiPen Jr® <input type="checkbox"/> Anapen 500® <input type="checkbox"/> Anapen 300® <input type="checkbox"/> Anapen Jr® <input type="checkbox"/> Jext® <input type="checkbox"/> Neffy® (nasal spray)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Add additional rows as required</i>							
Total number of students: Click or tap here to enter text.					Total number of devices: Click or tap here to enter text.		